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Jun 17 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F96000000624 (4)

1. Corporation Name
INNOVATIVE DESIGN IDEAS, INC.

Principal Place of Business	Mailing Address
442 W VAN BUREN ST HYMAN MYERS INDUSTRIAL PARK TALLAHASSEE FL 32301	442 W VAN BUREN ST HYMAN MYERS INDUSTRIAL PARK TALLAHASSEE FL 32301-4209

3. Date Incorporated or Qualified: 02/07/1996
3a. Date of Last Report: N/A

2. Principal Place of Business
21:
Suite, Apt. #, etc.
22:
City & State
23:
Zip 24: Country 25:

2a. Mailing Address
26: P.O. Box 38459
Suite, Apt. #, etc.
27:
City & State
28: Tallahassee, FL
Zip 29: 32315 Country 30: Leon

4. FEI Number: 59-3224021 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

JERVEY, PATTY M
442 W VAN BUREN ST
HYMAN MYERS INDUSTRIAL PARK
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name: Lisa T. Levison
82 Street Address (P.O. Box Number is Not Acceptable): 442 W. VAN BUREN STREET
83: HYMAN MYERS INDUSTRIAL PARK
84 City: Tallahassee, FL 85 Zip Code: 32301

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: LISA LEVISON CEO 6/10/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~DOP~~	☐ DELETE	1.1 TITLE	President/CEO	☒ Change ☐ Addition
NAME	LEVISON, LISA TURNER		1.2 NAME	Lisa T. Levison	
STREET ADDRESS	4990 LAKE FORREST DR		1.3 STREET ADDRESS	1794 8th Street	
CITY-ST-ZIP	ATLANTA GA 30342		1.4 CITY-ST-ZIP	Chamblee, GA 30341	
TITLE	S	☒ DELETE	2.1 TITLE	Vice President/CFO	☐ Change ☒ Addition
NAME	GRANGER, MURICE A		2.2 NAME	Patricia M. Jervey	
STREET ADDRESS	127 E PONCE DELEON AVE		2.3 STREET ADDRESS	1628 Mabry Street	
CITY-ST-ZIP	DECATUR GA 30030		2.4 CITY-ST-ZIP	Tallahassee, FL 32308	
TITLE		☐ DELETE	3.1 TITLE	Secretary	☐ Change ☒ Addition
NAME			3.2 NAME	Maria Eckard	
STREET ADDRESS			3.3 STREET ADDRESS	3061 Bayshore Drive	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	Tallahassee, FL 32308	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME	500002215585	
STREET ADDRESS			5.3 STREET ADDRESS	-06/18/97--01030--035	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	***165.00	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME	PE 6.17	
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Lisa Levison 4/25/97